

CPSC STRATEGIC PLAN

Under the Government Performance and Results Act

**Saving Lives
and Keeping Families Safe**

September 1997

**U. S. Consumer Product Safety Commission
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U.S. CONSUMER PRODUCT SAFETY COMMISSION

STRATEGIC PLAN

INTRODUCTION

The U.S. Consumer Product Safety Commission (CPSC), an independent health and safety regulatory agency, is responsible for protecting the American public from unreasonable risks of injury and death from about 15,000 types of consumer products.¹ CPSC's mission is simple and non-partisan: saving lives and keeping families safe. Unintentional injuries are the leading cause of death for Americans under the age of 35 and are the fifth leading cause of death in the nation. Children under five are most likely to require emergency room treatment and the elderly are most likely to die as a result of product-related injuries. Each year, there are an average of over 21,000 deaths and 29 million injuries associated with consumer products under the Commission's jurisdiction. These injuries and deaths cost the American public over \$200 billion annually.

Although product-related deaths and injuries remain a significant problem, consumer products are much safer today than in the past. Between 1975 and 1992, the death rate associated with consumer products decreased 32 percent (from 12.4 to 8.4 per 100 thousand population) and the injury rate decreased about 24 percent (from 15.2 to 11.5 per 100 population).²

The downward trend in injuries and deaths can be attributed, in significant measure, to Commission activities.³ CPSC uses a variety of tools to reduce the risks of hazardous consumer products. These tools include the effective use of voluntary and mandatory safety standards; compliance activities, such as recalls of hazardous products and enforcement of existing regulations; research into the causes of injuries and deaths associated with specific products; and

public education. The agency, with a \$42.5 million budget for FY 1997, pays for itself many times over by reducing societal costs associated with hazardous consumer products. Because of the nature of certain risks and budget constraints, agency actions do not try to address all product-related injuries and deaths. However, results of Commission activities from three mandatory actions alone are estimated to total between 1.6 and 1.8 billion dollars annually in savings to society. *These savings for a one year period exceed the total cumulative budget of the agency since its inception in 1973.*⁴

- # Before safety standards were enacted, an estimated 150 to 200 infants died each year of suffocation or strangulation from poorly designed ***baby cribs*** (about 240 infant deaths in today's population). In recent years, deaths have been reduced to about 50 annually and occur primarily in older, pre-standard cribs.⁵ CPSC staff estimates this reduction in deaths results in annual cost savings of \$800 million to \$1 billion,⁶ or 20-25 times CPSC's 1997 budget of 42.5 million.
- # The safety standard for ***walk behind mowers*** has reduced injuries by about 24,000 each year, with annual net societal cost savings⁷ of \$300 million. This savings is about 7 times CPSC's 1997 budget of \$42.5 million. The decline in injuries, mostly severed fingers and toes, is due to the requirement that the mower blade stop within 3 seconds after the operator releases his or her grip on the handle.⁸
- # The recently issued rule on ***child-resistant cigarette lighters*** is projected to prevent up to 100 deaths each year, several hundred injuries and millions of dollars in property damage from fires caused by children under 5 years old playing with lighters. Estimated annual net societal savings are over \$500 million,⁹ saving consumers more than 10 times CPSC's 1997 budget of 42.5 million.

Much more needs to be done, however, to protect American families from product-related deaths and injuries. In establishing the CPSC, Congress noted that consumers are often unable to anticipate risks from consumer products or to safeguard themselves, not only because of the complexities of some consumer products in the marketplace, but also because of the diverse nature and abilities of those who use the products.¹⁰ This is as true today as it was then. Furthermore, many consumer products are sufficiently complex and the hazards of even uncomplicated products are sufficiently hidden, that government action to inform or otherwise protect the public is justifiable and a wise use of taxpayer dollars.

CPSC is the only Federal agency that identifies and acts on a wide range of product hazards. The role of the Federal Government is critical. The problem of consumer product-related injuries and deaths cannot be solved solely by states or localities. CPSC was created as a federal agency in part because inconsistent state or local regulation creates a significant burden on interstate commerce. Modern transportation and distribution systems make it easy to move products from coast to coast in a matter of hours, making enforcement at the state and local level difficult. Because today's marketplace is increasingly international, Federal authority is also necessary to prevent potentially hazardous imports from entering the United States.

CPSC's VISION

The CPSC has many strategies to help it keep pace with the growing number and complexity of products that enter interstate commerce. To be ready for the next century and its challenges, the Commission will refine these strategies, as it has done so successfully in the past, and use technology to create new strategies to meet its safety mission.

In the 21st century, the Commission will continue to save lives by fostering a marketplace where consumer products are as free as possible from defects and hidden hazards using a variety of strategies (see box). The Commission's efforts to achieve voluntary solutions, as well as its mandatory rulemaking authority, will ensure that more consumer products are designed with safety in mind, thus minimizing the potential for product failure and/or human error that leads to injury. The Commission's work with standards-setting groups and through public education campaigns will lead to the routine use of early warning and protection systems, thereby reducing the injurious consequences of product failures. The Commission's use of state-of-the-art information technology will allow CPSC to rapidly identify products that are potentially hazardous and put more accurate and timely information

Strategies for the 21st Century

- # Promote voluntary action
- # Use risk-based decision making
- # Provide clear standards of compliance
- # Build successful partnerships
- # Encourage market-oriented solutions
- # Use education and information campaigns
- # Promote harmonization of international safety standards

into the hands of consumers to enable them to use products responsibly. As we move to a global economy, the Commission will seek to ensure that the often higher standards of the United States become the model to which other nations look when developing their own standards.

CPSC's MISSION

- # To protect the public against unreasonable risks of injury associated with consumer products;**
- # To assist consumers in evaluating the comparative safety of consumer products;**
- # To develop uniform safety standards for consumer products and to minimize conflicting state and local regulations; and**
- # To promote research and investigation into causes and prevention of product-related deaths, illness and injuries.**

The Commission was established by the Consumer Product Safety Act and also administers four additional laws: the Flammable Fabrics Act; the Poison Prevention Packaging Act; the Federal Hazardous Substances Act; and the Refrigerator Safety Act (see Appendix A for a summary of CPSC statutes).

CPSC's strategic plan will focus on its mission of reducing the risks of injury and death associated with consumer products and reaching consumers with safety information to enable them to judge the comparative safety of consumer products. The remaining two mission statements (developing uniform safety standards that minimize conflicting state and local regulations and promoting research and investigation into the causes and prevention of product-related injuries, deaths and illness) will be incorporated into the process of achieving measurable reductions in injuries and deaths and improvements in informing consumers about product-related hazards.

CPSC's GOAL-SETTING APPROACH

For its first strategic plan under the Government Performance and Results Act¹¹ (“Results Act” or GPRA), CPSC's strategic goals are classified, as described in the Act, as: results-oriented, service quality and customer satisfaction. For CPSC, results-oriented goals focus on reducing injuries and deaths associated with consumer products. Service quality-oriented goals focus on improving the services CPSC provides to its major constituents -- consumers and industry -- and include the Hotline, Internet access, publications and programs for industry. Customer satisfaction-oriented goals focus on improving the satisfaction of consumers and industry with the Commission's services.

Agency Budget Programs. The major budget programs that provide the core operations for the agency are: (1) Hazard Assessment and Reduction; (2) Compliance; and (3) Consumer Information. Under the Hazard Assessment and Reduction program, CPSC first gathers data needed to assess product hazards, and then applies proven methods for reducing those hazards. Under the Compliance program, CPSC obtains compliance with product safety regulations issued by the Commission; monitors industry conformance to selected voluntary standards; and identifies and remedies substantial safety hazards in unregulated products. Under the Consumer Information program, CPSC collects hazardous product data from the public and alerts the public to recalled products, safety information and regulatory actions designed to reduce product hazards. The remaining two programs, Hazard Identification and Analysis (HIA) and Agency Management (AM), are necessary to support the Results Act activities of the three core programs. The HIA program provides critical information used by staff to assess product hazards and develop injury reduction strategies. The AM program provides policy and program guidance; necessary information technology; and other required administrative support.

Agency-Wide Goals. The Commission developed and set strategic goals at the agency level. CPSC's performance in accomplishing its strategic goals will be measured by combining results across three core budget programs. For example, to measure agency effectiveness in reducing injuries and deaths from consumer products, the total number of lives saved and injuries prevented will be assessed based on a combination of hazard projects in the Hazard Assessment and Reduction Program, corrective actions in the Compliance Program, and information and

education activities in the Consumer Information Program. Setting goals and measuring performance at the agency level, compared to the program level, is more efficient in a small agency where interrelationships exist among the different programs.

STAKEHOLDER AND CONGRESSIONAL CONSULTATIONS

CPSC's stakeholders include consumers, safety groups, industry, other government agencies, and Congress. Staff solicited the views of these stakeholders on the draft Strategic Plan in a variety of ways. The Commission held a public hearing on May 13, 1997 to listen to any comments and suggestions on the Plan. This hearing was announced in a Federal Register Notice on March 12, 1997. Copies of the Plan were sent to over 50 stakeholders with a request for their comments. About 40 of these were organizations and individuals outside of the Federal Government. The Plan also has been available on CPSC's web site.

CPSC received written comments on the Plan from six federal, one state, and seven non-governmental consumer health or safety organizations. Most commented that they liked the Plan. For example, a non-federal organization said: "The agency has chosen a good mix of results-oriented strategic goals addressing significant risks faced by the American public." Staff at a federal agency commented, "[We] will use your plan as a guide to complying with the requirements of the Results Act." In addition, the federal agencies providing comments said that they had compared our goals to theirs and found no conflicts. No stakeholder expressed substantive disagreement with any part of the Plan. Suggestions included expanding two injury reduction goals, adding specific strategies, and one organization suggested modifying a performance measure. These changes are not considered viable options at this time or within the agency's current resources.

CPSC staff consulted with staff of the Office of Management and Budget (OMB) and its responses were positive about the Plan's results-oriented approach, content, and depth. The draft Plan was sent through CPSC's Office of Congressional Relations to the authorization and appropriations subcommittees in both the House and the Senate and, at their request, to the Governmental Affairs Committee in the Senate. No Congressional requests for changes or additions were received.

ENDNOTES

¹CPSC's jurisdiction does not include motor vehicles, pesticides, aircraft, boats, food, drugs, medical devices, cosmetics, tobacco products, firearms and ammunition, with the exception of child-resistant packaging for drugs and cosmetics.

²Estimates from CPSC's Directorate for Epidemiology and Health Sciences.

³Zick, C., Mayer, R., and Alves, L (1986). Does the U.S. Consumer Product Safety Commission Make a Difference? An Assessment of Its First Decade. *Journal of Consumer Policy*, 6, 25-40.

⁴The comparison for savings and yearly budget totals are both in 1996 dollars.

⁵Cassidy, S. and Tinsworth, D. (1994). *Crib-Related Deaths*. Washington, D.C.: U.S. Consumer Product Safety Commission.

⁶Consistent with economic literature, the cost of each statistical life lost is estimated at \$5 million.

⁷Net savings are equal to the costs averted or avoided due to injury prevention minus the costs required to make the product safer. The cost savings include reductions in medical costs, lost wages, pain and suffering.

⁸Memorandum from Carl Blechschmidt to The Commission (July 6, 1990). *Power Lawnmower Injuries*. Washington, D.C.: U.S. Consumer Product Safety Commission.

⁹Federal Register Notice. Vol. 58, No. 131, Monday, July 12, 1993. The estimate was updated to reflect 1995 death and injury valuations.

¹⁰Consumer Product Safety Act, 15 U.S.C. §2051(a)(2).

¹¹Government Performance and Results Act of 1993 (P.L. 103-62).

STRATEGIC GOALS

The Commission's strategic plan focuses on five results-oriented goals and four service quality/customer satisfaction goals.

To develop results-oriented strategic goals for injury and death reductions, a task force of senior managers and Commissioners' assistants (Appendix B) decided to: (1) set strategic goals at the agency level; (2) classify Commission projects and activities using a hazard classification system (see box); and (3) select goal candidates from this classification system by considering criteria similar to those used to select projects, such as frequency and severity of the injuries and addressability of the hazard (Appendix C). Candidates were also considered that historically have been associated with large numbers of recalled products or products with corrective action plans. Future strategic plans may set goals in other hazard classification areas. To develop service quality/customer satisfaction goals, the agency focused on those services that directly touch both industry and consumers. The selected goals are:

HAZARD CLASSIFICATION SYSTEM

- # Fire Hazards
- # Mechanical Hazards:
 - Children's Products
 - Household/Structural
 - Power Tools and Equipment
 - Sports and Recreation
- # Electrical Hazards
- # Chemical Hazards

RESULTS-ORIENTED STRATEGIC GOALS

- # *Children's Products/Sports and Recreation*: Reduce the rate of head injury to children from products under the Commission's jurisdiction.
- # *Chemical*: Prevent an increase in the low death rate from unintentional poisonings to children.
- # *Fire*: Reduce the death rate from fires.
- # *Chemical*: Reduce the death rate from carbon monoxide poisonings.
- # *Electrical*: Reduce the death rate from electrocutions.

SERVICE QUALITY AND CUSTOMER SATISFACTION STRATEGIC GOALS

- # Increase or maintain public contact through the web site, the *Consumer Product Safety Review*, and Hotline.
- # Attain a specified level of success with the quality of CPSC services to industry.
- # Sustain the current satisfaction of consumers with CPSC's Hotline and Clearinghouse, and the states with CPSC's State Partnership Program.

KEEPING CHILDREN SAFE FROM HEAD INJURIES



STRATEGIC GOAL: Reduce the rate of head injury to children under 15 years old by 10 percent from 1996 to 2006.

THE HAZARD

Head injury is a leading cause of death and disability to children in the United States. In 1995 alone, there were an estimated 800,000 product-related head injuries to children under 15 years old that were treated in hospital emergency rooms, or about 60 percent of all product-related head injuries. Of these, about 475,000 were to children under 5 years old. Studies have shown that children have a higher risk of head injury than adults and that children's head injuries are often more severe.

Head injuries are potentially more serious than other injuries and can have life-altering consequences. In 1995, about 80 percent of the product-related head injuries to children under 15 years old were diagnosed as concussions, fractures and internal head injuries, potentially the more serious head injuries. The types of consumer products under the Commission's jurisdiction that are most often associated with head injuries to children include bicycles, playground equipment, and juvenile products. Participation in sports is also associated with high numbers of children's head injuries.

REDUCING THE RISK

Over the past ten years, the Commission has been successful in reducing many types of injuries to children by focusing on specific products, such as bicycles, swings and swing sets, and high chairs (see box next page for products with current child head injury-related safety standards or guidelines). In setting a strategic goal to focus on reducing head injuries to children, about 40 product categories were selected with high numbers of head injuries to children, including products with past, current, and potential future Commission activity. This inventory was used for baseline information and allows for future project selection over a number of years.

Ten-year head injury trends for the inventory of products showed reductions for those products where the Commission has had significant activity, such as bicycles (35% reduction in head injuries), swings and swing sets (24%), slides (42%) and high chairs (41%). However, when all products in the inventory were combined, the head injury rate remained relatively stable over the ten year period. The average rate was 35.4 in the late 1980s compared to 34.3 per 10,000 children in the mid-to-late 1990s. The combined inventory includes product categories where the Commission has not yet focused its work.

Safety Standards and Guidelines (Head Injury-Related)

Baby Walkers
Baseball
Bicycles
Bicycle Helmets
Bicycle Child Carriers
Bunk Beds
Carriages & Strollers
Cribs, Full Size
Cribs, Non-Full Size
Gates & Enclosures
High Chairs
Hook-On-Chairs
Lawn Darts (ban)
Playground Equipment
Playpens
Toy Chests
Window Guards

SETTING THE STRATEGIC GOAL

To reduce head injuries to children, CPSC set a goal of reducing the head injury rate for the inventory of products by 10 percent. At 10 percent, the head injury rate would be reduced from about 32.3 in 1996 to 29.1 per 10,000 children in the population in 2006.

STRATEGIES

There are a number of successful strategies that can reduce head injuries. These include: increased use of protective head gear, low-impact surfaces, and restraining devices, particularly among the youngest children; improved product design to address specific hazards; and increased awareness by caregivers to potential hazards. CPSC has used or promoted all of these strategies to reduce child-related head injuries from consumer products. For example, CPSC worked with industry to develop a baby walker voluntary safety standard to prevent falls down stairs to young children. To meet the provisions of the new standard, walkers will have to stop at the top of the steps, remain stationary, or be too wide to fit through a standard-sized doorway. Staff estimates that this standard will reduce walker-related injuries from falls down stairs by over 50 percent. CPSC also pursues an average of 88 violations, recalls and corrective actions a year for products such as bassinets, bicycles, bunk beds, cribs, infant carriers, and swing sets.

A number of strategies will be used to meet the strategic goal of reducing the head injury rate for children. CPSC will:

- # Encourage the use of protective head gear and other protective equipment.
- # Encourage the use of safety restraints on appropriate products.
- # Encourage conformance to CPSC's Playground Safety Guidelines, particularly on low impact surfacing materials for schools and parks.

- # Develop programs to encourage the roundup of children's products that do not meet safety standards.
- # Develop and implement consumer information and safety campaigns for shopping carts.
- # Continue to participate in selected voluntary standards committees to improve current child-related safety standards and develop new ones, as appropriate.
- # Continue recalls or corrective actions of products that do not comply with child safety standards or defective products that present a substantial product hazard.
- # Increase the awareness of caregivers of critical child safety information by developing targeted programs such as the successful CPSC Baby Safety Shower campaign.

PERFORMANCE MEASURES

The primary performance measure that will be used to evaluate progress in achieving CPSC's strategic goal of reducing head injuries to children is the annual head injury rate per 10,000 children in the population for the inventory of products. Commission staff will track the head injury rate for the inventory annually. Because strategies used to reduce head injuries will likely reduce other injuries as well, staff will also track other injuries for the inventory of products annually. When appropriate, societal costs or savings will also be estimated.

Head injury estimates are based on data from the National Electronic Injury Surveillance System (NEISS), a national probability sample of hospital emergency rooms that report daily to the Commission. The number of children in the United States population is available from Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources.

OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

The CPSC staff works closely with staff of other organizations in order to more efficiently address the safety of children, enhance the effectiveness of our efforts to achieve injury reduction goals, and avoid duplication of effort. Among these are:

- | | |
|--|--|
| # ASTM (private standards-setting group) | # National Center for Injury Prevention & Control, Centers for Disease Control |
| # Children's Safety Network | # National Highway Traffic Safety Admin. |
| # Consumer Federation of America | # National Institute of Child Health & Human Development |
| # International Consumer Product Health & Safety Organization | # National Safe Kids Campaign |
| # Juvenile Products Manufacturers Assoc. | # National Recreation and Parks Assoc. |
| # Maternal and Child Health Bureau, Health Resources & Services Admin. | # Toy Manufacturers of America |
| # National 4-H Foundation | |

Cooperative and collaborative efforts with other organizations range from data collection to outreach activities. Memoranda of Understanding have been developed with other organizations to share data and other information. Prominent among these organizations are the National Highway Traffic Safety Administration (NHTSA), the National Recreation and Parks Association (NRPA), and the National Center for Injury Prevention and Control, Centers for Disease Control (CDC). CPSC and NHTSA share research results and publish consumer literature aimed at reducing bicycle-related head injuries. CPSC and NRPA share information on playground equipment, and NRPA uses CPSC's playground handbook, developed in consultation with NRPA, as a primary part of their Safety Inspector Certification Course. CPSC and CDC share technical information, injury data and results of survey-related research.

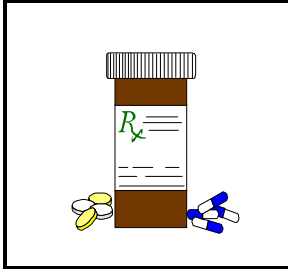
CPSC staff also works with a number of organizations, such as ASTM, the Juvenile Products Manufacturers Association, and Toy Manufacturers Association, to provide technical expertise for voluntary standards and certification programs, as well as collaborating on publications for child safety. Other organizations, such as the Children's Safety Network, the Bureau of Maternal and Child Health, and the National 4-H Foundation, distribute CPSC safety materials to grassroots organizations and consumers. In support of these activities, CPSC's unique data gathering systems have proven to be invaluable tools for defining the nature and scope of product-related hazards.

As a federal health, safety, and regulatory agency, CPSC has the unique task of translating head injury data and research into safety recommendations for consumers and, as necessary, mandatory and voluntary consumer product safety standards. CPSC's development of a mandatory bicycle helmet standard is an important example of action taken to address a head injury problem of concern to a broad spectrum of public and private organizations.

REFERENCES

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- Nakamura, Suad. Mandatory Standards for Bicycle Helmets. Washington, D.C.: U.S. Consumer Product Safety Commission, 1995.

KEEPING CHILDREN SAFE FROM POISONING HAZARDS



STRATEGIC GOAL: The rate of death from unintentional poisonings to children under 5 years old from hazardous household chemicals and drugs will not increase beyond 2.5 deaths per million children from 1994 to 2004.

THE HAZARD

Drugs and hazardous household substances that are not in child-resistant packaging (CRP) can easily be opened by children. Before 1974, an average of over 200 children under the age of 5 died each year from poisonings by unintentionally ingesting these substances. Unintentional ingestions are those not supervised or administered by an adult. In 1970, Congress enacted the Poison Prevention Packaging Act (PPPA) requiring child resistant packaging (see box next page for products requiring CRP).

As the agency responsible for enforcing the PPPA, CPSC evaluates the need for CRP for drugs and other household substances each year and continues to look for ways to improve their effectiveness. For example, staff found that many adults who could not open child-resistant packaging, or found them difficult to open, defeated the packaging by leaving them open or transferring the contents into packaging that was not child-resistant. CPSC recently issued a new safety standard that promotes packaging designs that are easier for adults to open and close without sacrificing child-resistance.

While child poisoning deaths have been relatively low in recent years, the Commission has seen evidence that without continued surveillance, the death rate could increase. For example, when the Food and Drug Administration gave ibuprofen over-the-counter status, the Commission at that time decided to allow voluntary compliance with child-resistant packaging for this product. However, as more manufacturers marketed ibuprofen, they chose to use non child-resistant packaging and a substantial increase in ingestions treated in hospital emergency rooms occurred. CPSC now requires that over-the-counter ibuprofen be in child-resistant packaging.

REDUCING THE RISK

Deaths to children under 5 years have declined substantially since the PPPA became law, from an average of 200 deaths each year in the early 1970's to an average of fewer than 50 deaths

by 1994 (the most recent year when data was available). The death rate decreased from 14.1

deaths in 1970 to less than 2.5 deaths per million children under age 5 in 1994. A special study of children's deaths from accidental ingestions of medicines found a significant decrease in the child mortality rate associated with the introduction of child-resistant packaging, even after controlling for an overall declining trend in the child death rate. This means that over 700 children's lives were saved from accidental poisonings by prescription drugs and aspirin alone since the passage of the PPPA.

SETTING THE STRATEGIC GOAL

CPSC set a strategic goal to sustain the already reduced levels of child deaths from hazardous household substances and medicines. This rate will not increase beyond 2.5 deaths per million children under 5 years old.

STRATEGIES

Several strategies will be used to assure that the death rate from child poisonings does not increase. CPSC will:

- # Continue to review and issue child-resistant packaging requirements for products found to be hazardous to children.
- # Continue to enforce the use of effective child-resistant packaging on regulated substances.
- # Participate on the Poison Prevention Week Council to educate consumers how to prevent children from ingesting toxic household products.
- # Participate on the Poison Control Center Advisory Group to examine ways to maintain and extend poison control coverage across the United States.

PERFORMANCE MEASURES

The primary performance measure that will be used to evaluate progress in achieving CPSC's strategic goal to reduce poisoning-related deaths to children is the annual accidental

Child-Resistant Packaging

Acetaminophen
Aspirin
Controlled Drugs
Diphenhydramine
Ethanol-containing mouthwash
Ethylene Glycol
Furniture Polish
Glue Removers with Acetonitrile
Iron-containing Drugs
Iron-containing Dietary Supplements
Ibuprofen
Ketoprofen
Kindling/Illuminating Preparations
Loperamide
Lidocaine/Dibucaine
Methyl Alcohol
Methyl Salicylate
Naproxen
Oral Prescription Drugs
Paint Solvents
Permanent wave neutralizers with sodium or potassium bromate
Sodium and Potassium Hydroxide
Sulfuric Acid
Turpentine

poisoning-related death rate per million children under age 5 years. Commission staff will track

poisoning-related deaths for children under 5 annually. When appropriate, societal costs or savings will also be estimated.

Accidental poisoning deaths of children under 5 years from hazardous household chemicals and drugs are based on data obtained from the National Center for Health Statistics. The number of children under age 5 in the United States is available from the Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources with an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because the processing of death data reported to NCHS from the states takes about three years to complete, we will know whether we have reached our goal for 2004 in 2007.

OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

- # Environmental Protection Agency
- # Poison Prevention Week Council
- # American Association of Poison Control Centers

Two federal agencies are responsible for child-resistant packaging: CPSC for child-resistant packaging of consumer products including drugs, cosmetics, and household chemicals and the Environmental Protection Agency for child-resistant packaging of pesticides. Other groups also work to reduce the number of child poisonings. These include the Poison Prevention Week Council and the American Association of Poison Control Centers.

The Poison Prevention Week Council is a coalition of 39 national organizations dedicated to decreasing poisonings by organizing National Poison Prevention Week. The CPSC serves as the secretariat for the Council. The American Association of Poison Control Centers certifies regional Poison Control Centers and maintains a Toxic Exposure Surveillance System of calls reported to the centers.

REFERENCES

1997 Report on National Poison Prevention Week. Washington, D.C.: Poison Prevention Week Council, 1997.

Rodgers, Gregory (1996). The Safety Effects of Child-Resistant Packaging for Oral Prescription Drugs. *Journal of the American Medical Association*, Vol 275 (21), 1661-1665.

KEEPING FAMILIES SAFE FROM FIRES



STRATEGIC GOAL: Reduce the rate of death from fire-related causes by 10 percent from 1995 to 2005.

THE HAZARD

In 1995, about 3,700 people died because of fires that started in their homes. These fires resulted in property losses of about \$4.4 billion. Children are particularly vulnerable. Each year over 1,000 children under the age of 15 die from fire-related causes and over 600 of these deaths are to children under the age of 5 years. In fact, children under age 5 have a fire death rate more than twice the national average. Children at increased risk are often those from low-income and minority families who live in poorer urban and rural areas.

Most deaths occur from fires that start at night while families are asleep. Four times as many victims die from inhaling smoke and toxic gases than from burns. The types of products under CPSC jurisdiction that are most often involved in fire deaths are upholstered furniture, mattresses and bedding, and heating equipment. These three products accounted for almost 50 percent of the fire deaths.

REDUCING THE RISK

Deaths due to fire have been substantially reduced since the 1980s. There were 1,300 fewer home fire-related deaths in 1995 than there were just 10 years ago because of the efforts of CPSC and others (1995 was the most recent year for which data was available). The average risk of death decreased from 20.1 in the mid 1980's to 14.1 deaths per million population in the early-to-mid 1990s. CPSC's contribution to this success can be attributed to its work with industry in developing a number of voluntary and mandatory safety standards (see box next page for current fire safety standards), public information campaigns, working in partnerships with other interested groups and continuing compliance efforts. CPSC also pursues an average of over 600 violations,

recalls and corrective actions a year for products with fire hazards, such as flammable clothing, computers, fireworks, small and large appliances, and gas valves.

SETTING THE STRATEGIC GOAL

To further reduce fire-related deaths, CPSC set a goal of reducing the death rate by 10 percent. At 10 percent, fire-related deaths would be reduced from about 14.1 in 1995 to 12.7 deaths per million population by 2005.

This goal was determined by examining the frequency, severity and addressability of fires related to specific consumer products and the future development of home fire detection and suppression technology. The percent decrease in the death rate may be somewhat smaller than would be expected from past reductions. This is because many of the improvements that occurred in the recent past addressed products with the largest numbers of fire deaths. Future activities will address the next tier of products that are associated with a smaller percentage of fire deaths.

STRATEGIES

There are a number of effective strategies that can help reduce fire deaths. These include: the availability of safer products, early warning systems, improved fire control and suppression, public education, more effective building codes, and better medical treatment. With the exception of better medical treatment, CPSC has used or promoted all of these strategies to reduce fire-related deaths from consumer products. For example, CPSC worked with manufacturers to develop a standard on child-resistant cigarette lighters that went into effect in 1994. Fire loss data showed that there were an average of about 5,600 residential fires, 150 deaths and 1,000 injuries that resulted from children under age 5 playing with lighters. This standard should prevent 80 to 105 fire deaths each year, and result in net societal savings valued at 10 times the current annual budget of the CPSC.

A number of strategies will be used to meet the strategic goal of reducing the fire-related death rate. CPSC will:

Address the hazards associated with open-flame ignition of furniture.

Fire Safety Standards

- Child-resistant lighters
- Children's sleepwear
- Christmas lights
- Carpets
- Cellulose insulation
- Clothing
- Clothes Dryers
- Electric blankets
- Electric space heaters
- Electric appliances
- Extension cords
- Fireworks
- Gas furnaces
- Gas water heaters
- Halogen lamps
- Heat tapes
- Kerosene heaters
- LP gas systems
- Mattresses
- Receptacle outlets
- Recessed light fixtures
- Smoke detectors
- Television receivers
- Upholstered furniture

- # Address the hazards associated with range fires.
- # Encourage the strengthening of existing voluntary safety standards to further improve the reliability and effectiveness of smoke detectors.
- # Continue to work with consumers and other organizations to encourage the increased use and maintenance of smoke detectors and the use of residential sprinklers in new and retrofit home construction.
- # Encourage the replacement of hazardous electrical wiring systems in older homes.
- # Work with the National Electrical Code to require arc-fault detection devices in new homes and retrofit home construction.
- # Increase the public awareness of critical fire safety information.
- # Continue participation in selected voluntary standard committees to enhance industry's efforts to manufacture safer products.
- # Continue enforcement of mandatory flammability performance standards to reduce fire deaths related to ignition of mattresses, carpets, children's sleepwear, fireworks, and wearing apparel and deaths due to child play with cigarette lighters.
- # Continue to pursue recalls or develop corrective action plans for products that do not comply with safety regulations, or defective products that present a substantial product hazard.
- # Continue ongoing surveillance of fire incident data and reports to identify and act on emerging or unknown product-related fire hazards.
- # Seek partnerships with states, public and private organizations to achieve more cost effective solutions to identified fire hazards.
- # Pursue mandatory standards, where appropriate, to reduce risk of fire deaths related to consumer products.

PERFORMANCE MEASURES

The primary performance measure that will be used to evaluate progress in achieving CPSC's goal for reducing fire-related deaths is the annual residential fire-related death rate per million population. Commission staff tracks consumer product involvement in fire-related deaths, injuries, fires, and property damage annually. When appropriate, societal costs or savings will also be estimated.

Information on residential fire-related injuries and deaths, fire and property damage is available from several sources, including Commission studies, the National Fire Protection Association (NFPA), the U.S. Fire Administration (USFA), the National Center for Health Statistics, and others. Special studies, often conducted cooperatively with fire departments throughout the nation, allow more detailed information on the involvement of consumer products in fire injuries and deaths. The population of various age groups in the United States is available from the Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources, and an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because death data from local fire departments, the states, USFA and NFPA takes about two years to complete, we will know whether we reached our goal for 2005 in 2007.

OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

CPSC has the primary role for reducing fire hazards related to consumer products and also enforces the Flammable Fabrics Act. CPSC staff works closely with staff of other organizations in order to more efficiently address fire issues, to enhance the effectiveness of our efforts to achieve fire loss reduction goals, and to avoid duplication of effort. These include:

- | | |
|--|--|
| # American Gas Association | # National Fire Protection Assoc. |
| # ASTM (private standards-setting group) | # National Highway Traffic Safety Admin. |
| # Building Code Groups | # National Institute of Standards & Technology |
| # Congressional Fire Services Institute | # National Smoke Detector Project |
| # Depart. of Housing & Urban Development | # Occupational Safety & Health Admin. |
| # Federal Aviation Administration | # Various state and local governments |
| # National Assoc. of State Fire Marshals | # Underwriters Laboratories, Inc. |
| # National Center for Injury Prevention and Control, Centers for Disease Control | # U.S. Fire Administration |

The U.S. Fire Administration (USFA) collects and provides essential data on residential fires, stimulates new technology, and conducts public education campaigns relating to fire. The National Institute of Standards and Technology (NIST) performs basic and applied research in the fire sciences, provides their facilities for special fire testing, and serves as a comprehensive resource for standards information. The National Center for Injury Prevention and Control, CDC, working with state health departments, is evaluating the effectiveness of interventions in increasing smoke detector use and reducing residential fire-related injuries, deaths and related health care costs. The Congressional Fire Services Institute (CFSI) was a member of the Steering Committee of CPSC's National Smoke Detector Project.

CPSC communicates with other agencies that have regulatory authority and conduct fire research in areas beyond CPSC jurisdiction, such as the Federal Aviation Administration (aircraft), the Occupational Safety and Health Administration (workplace), the National Highway Traffic Safety Administration (automotive), and the Department of Housing and Urban Development (manufactured housing). A private sector organization, the National Fire Protection Association (NFPA), has a major role in the collection and analysis of residential fire data in addition to developing and publishing this country's national fire codes, investigating major fires, and conducting public information and education programs. CPSC staff continually communicates and interacts with these and other organizations, including State and local agencies.

For instance, the National Smoke Detector Project, organized by CPSC in 1991, was overseen by a Steering Committee of CPSC, USFA, NFPA, and CFSI. Many other groups worked with CPSC, including NIST, HUD, CDC, trade associations, and state and local Fire Marshals. USFA has provided supporting funds for CPSC projects on range fires, smoke detectors, and home electrical wiring systems. FAA, NIST, and the State of California have consulted with CPSC staff on technical issues related to upholstered furniture. CPSC staff participates in the CDC Healthy People 2000 Work Group on Fire Prevention, and CPSC has provided limited funding in support of their fire prevention initiative. We maintain continuing liaison with USFA on a variety of other fire-related topics including fire investigation training, data collection and analysis, and public education. Our close coordination with other agencies and the fire community will continue.

CPSC also works with a number of organizations, such as NFPA, American Gas Association, Underwriters Laboratories, Inc., and ASTM on voluntary standards designed to reduce fire hazard deaths.

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- Smith, L., and Long, K. *1995 Residential Fire Loss Estimates*. Washington, D.C.: U.S. Consumer Product Safety Commission, in preparation.
- Harwood, B. and Hall, J. Jr. Smoke Inhalation or Burns? *Fire Journal*, May/June 1989, pp.29-34.

KEEPING FAMILIES SAFE FROM CARBON MONOXIDE POISONINGS



STRATEGIC GOAL: Reduce the rate of death from carbon monoxide poisoning by 20 percent from 1994 to 2004.

THE HAZARD

Carbon monoxide (CO) is a poisonous gas that has no smell, color or taste - truly a "senseless" killer. This gas is produced by burning any fuel, such as gas, oil, wood, and coal, so that any fuel-burning appliance is a potential CO source. Available data show that an average of over 200 people die and almost 5,000 are injured each year from unintentional CO poisoning-related incidents, excluding incidents involving auto exhaust and fires, at a residential societal cost of over 1 billion dollars annually. Children under 15 years account for 10 percent of the deaths and 38 percent of the injuries. Because some of the symptoms of CO poisoning may mimic common illnesses such as influenza or colds, there is a high incidence of missed initial diagnosis. Not only are victims frequently unaware of exposure to CO, but health care providers often do not suspect, or check for, CO poisoning.

The majority of consumer product-related CO poisoning deaths involve gas-fueled appliances, including space heaters, furnaces, water heaters, ranges and ovens, gas grills and propane lanterns. Many of the deaths and injuries occur during the winter months when heating equipment is most often used. Often people are overcome during sleep and never wake up. Other deaths occur when victims spend the night in a van, car, tent or cabin and burn charcoal or use camping heaters to keep warm.

REDUCING THE RISK

Deaths from carbon monoxide poisonings have decreased about 19 percent over the past 10 years, from 275 deaths in 1984 to 223 deaths in 1994 (the most recent year when data was available). The risk of death decreased from an average of 12.5 in the early 1980s to 8.4 deaths per 10 million population in the early 1990s. CPSC used a number of interventions to reduce these deaths, including: working with industry to encourage the development of new products

that have technology to protect consumers from CO poisoning, developing a voluntary performance standard for CO detectors and warning the public through information and education campaigns (see box).

SETTING THE STRATEGIC GOAL

To further reduce deaths from carbon monoxide poisonings, CPSC set a goal of reducing the death rate by 20 percent. At 20 percent, deaths from CO poisonings would be reduced from about 8.6 in 1994 to 6.9 deaths per 10 million population by 2004.

There has been a substantial decrease in CO poisoning deaths due to safer products and consumer awareness; however in 1994, less than 10 percent of American households were equipped with at least one carbon monoxide detector. While most of the decrease in the death rates for the past 10 years has been due to the increased safety of products, further decreases will depend to a greater extent on increased use of CO detectors and consumer awareness.

CPSC Interventions

Safety Standards

Charcoal warning labels
Unvented gas space heaters
Blocked vent safety shutoff
CO detector safety standard

Recalls & corrective actions:

Boilers
Camping heaters
CO Detectors
Fireplaces
Furnaces
Gas controls
Heaters
Propane refrigerators
Ranges

Safety Alerts

CO Safety Awareness Week

STRATEGIES

CPSC will pursue two approaches to further reduce CO poisoning deaths: improving products to reduce the amount of CO emissions and promoting the use of CO detectors in every American home. CPSC will:

- # Encourage the development of more reliable CO detectors.*
- # Develop or strengthen voluntary standards for specific products.*
- # Increase the use of reliable CO detectors in residential dwellings in the United States.*
- # Continue recalls and corrective actions of products that present CO hazards.*
- # Continue public awareness by publicizing "CO Safety Awareness Week" each September.*
- # Encourage national model building code organizations to include a provision for the installation of state-of-the-art CO detectors in all new residential construction.*

- # Work with the National Fire Protection Association to develop a national standard on where and how to install CO detectors.

PERFORMANCE MEASURES

The primary performance measure that will be used to evaluate CPSC's carbon monoxide strategic goal is the annual CO-related death rate per 10 million population. Commission staff tracks product-related residential and recreational CO deaths annually. When appropriate, societal costs or savings will be also estimated.

CO poisoning deaths are based on data from the National Center for Health Statistics (NCHS) and the Commission's Death Certificate File (death certificates for product-related hazards that CPSC buys directly from the States). Population estimates for the United States are available from Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources with an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because the processing of death data reported to NCHS and to CPSC through the states takes about three years to complete, we will know whether we reached our goal for 2004 in 2007.

OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

CPSC has the primary role in addressing consumer products which produce carbon monoxide hazards. However, the goal of reducing carbon monoxide deaths is one that is shared by other federal agencies as well as private sector and not-for-profit organizations. The Commission has worked with the following agencies and organizations in order that the individual efforts of preventing CO deaths can be strengthened without needless duplication.

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|--|---|
| # American Gas Association | # Gas Detection Industry Association |
| # American Lung Association | # Gas Research Institute |
| # Colorado Department of Public Health | # National Assoc. of State Fire Marshals |
| # Committee on Indoor Air Quality | # National Institute for Occupational Safety & Health |
| # Consumer Federation of America | # Occupational Safety and Health Admin. |
| # Environmental Protection Agency | # State and local fire departments/associations |
| # Gas Appliance Manufacturers Assoc. | # Underwriters Laboratories, Inc. |

Carbon monoxide poisoning is associated with the use of household appliances, boats, cars, gasoline-powered tools, farm equipment -- in other words, a wide array of products whose jurisdiction is covered by several agencies. CPSC staff attends quarterly meetings of the interagency Committee on Indoor Air Quality (CIAQ) and exchanges information on activities related to carbon monoxide hazards. In 1996, CPSC staff worked together with the National Institute for Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration (OSHA), the Environmental Protection Agency (EPA), and the Colorado Department of Public Health and the Environment in 1996 to produce a brochure on preventing CO poisoning from the use of small gasoline-powered tools and engines. Also, CPSC joined with EPA's Indoor Air Quality staff and the American Gas Association, the Gas Detection Industry Association, the National Association of State Fire Marshals, and the Gas Research Institute, to co-sponsor a CO Detector Workshop and CO Detector Task Forces.

The effort to make the American public more aware of the hazards of carbon monoxide poisoning and the availability and use of CO detectors needs the participation of a large number of groups. Fire departments, gas utility companies, heating contractors, medical groups, detector manufacturers, gas appliance manufacturers, voluntary standards organizations, federal, state, and local government agencies, building code organizations, and consumer groups -- all are and must be involved in helping to reduce the deaths and injuries from CO poisoning. The CPSC staff will continue to encourage involvement of all groups.

REFERENCES

- Long, K. *Non Fire-Related Carbon Monoxide Deaths and Injuries Associated with the Use of Household Appliances*. Washington, D.C. U.S. Consumer Product Safety Commission, September 1996.
- Long, K. and Saltzman, L. *Non Fire-Related Carbon Monoxide Incidents: Morbidity and Mortality Related to the Use of Household Appliances*. Washington, D.C. U.S. Consumer Product Safety Commission, January 1995.

KEEPING FAMILIES SAFE FROM ELECTROCUTIONS



STRATEGIC GOAL: Reduce the rate of death from electrocutions by 20 percent from 1994 to the year 2004.

THE HAZARD

There are over 200 deaths from electrocutions each year in the United States. Ten percent of the deaths are to children under 15 years old. The deaths occurred most often because an electrical current came in contact with a victim's body and traveled through the victim to the ground. For example, a five-year-old boy was electrocuted when he touched a defective lamp, received a shock, and died when the lamp fell on top of his body causing further electric shock. Most of the deaths could have been prevented by installing ground fault circuit interrupters (GFCIs). These are inexpensive electrical devices that are installed in household electrical circuits and in small appliances. CPSC's research into miniaturized GFCIs demonstrated the feasibility of building electrocution protection into small appliances and industry further developed this technology so that appliances such as hand-held hairdryers are now completely protected. However, not all homes and products are protected by GFCIs. The Commission continues to receive reports of electrocution deaths from such products as house wiring, lamps and light fixtures, antennas, power tools, and small and large appliances.

REDUCING THE RISK

Deaths from electrocutions have decreased by almost 30 percent over the past 10 years, from 330 deaths in 1984 to 230 deaths in 1994 (the most recent year for which data was available). The average risk of death decreased from 15.1 in the early 1980s to 8.3 deaths per 10 million people in the early 1990s. Reducing these deaths were the result of several efforts by CPSC (see box next page). The Commission worked cooperatively with the National Fire Protection Association's Electrical Code Panels, developed safety standards and pursued recalls and corrective actions, all resulting in safer electrical products. For example, CPSC worked with the Code Panels to develop requirements that certain electrical outlets be protected by GFCIs. In some cases, CPSC developed the technical proposals that were adopted by the Panels. CPSC, through its data collection systems, also provided critical information characterizing the factors

involved in the accidents in support of most of the requirements for consumer shock protection that have been added to the National Electrical Code since 1973.

At the same time, CPSC worked with industry to develop design and performance safety standards that reduced or nearly eliminated the risk of electrocutions for such products as hair dryers, power tools, CB antennas, and electric toys. CPSC also pursues an average of 28 recalls and corrective actions a year for products with electrocution hazards, such as air conditioners, battery chargers, extension cords, fans, hair dryers, lamps, portable heaters and refrigerator compressors. In warning the public about the hazards of electrical products, CPSC initiated an annual education campaign (Electrical Safety Month) in 1982. With the help of other groups concerned about electrical safety, CPSC has continued to participate in this campaign each year to educate consumers about the hazards of electrical products.

SETTING THE STRATEGIC GOAL

To further reduce deaths from electrocutions, CPSC set a goal of reducing the death rate by 20 percent. At 20 percent, electrocutions would be reduced from about 8.8 in 1994 to 7.0 deaths per 10 million people in 2004.

STRATEGIES

To reduce electrocutions, CPSC will:

- # Work with the National Fire Protection Association's Electrical Code Panels to propose additional improvements in the requirements for appliances and electrical equipment.
- # Work with voluntary standards groups to continue to improve the design of GFCI's resulting in easier installation and enhanced features.
- # Continue the effort to remove older power tools with poor insulation and high risk of electrocution from the hands of consumers.
- # Increase consumer awareness of electrical hazards through continuing education efforts in electrical safety and publicize "Electrical Safety Month" each May.

CPSC Interventions

GFCI code for:

Outdoor outlets
 Bathroom outlets
 Garage outlets
 Marina outlets
 Boatyard outlets
 Hotel/motel outlets
 Kitchen outlets
 Basement outlets
 Crawl space outlets
 Pressure washers
 Spas
 Hot tubs
 Wet bar sink outlets

Code for service lines

Standards:

Power tools
 Hair dryers
 Electric toys
 CB antennas

Recalls & Corrective actions: 28 per year

Information and Education

Electrical Safety Month
 Electrical Safety Checklist

- # Continue recalls or corrective actions of products that do not comply with safety regulations or defective products that present a substantive product hazard.

PERFORMANCE MEASURES

The primary performance measure that will be used to evaluate progress in achieving CPSC's strategic goal for reducing electrocution deaths is the annual death rate per 10 million population. Commission staff tracks consumer product involvement in electrocution deaths annually. When appropriate, societal costs or savings will also be estimated.

Electrocution deaths are based on data from the National Center for Health Statistics (NCHS) and the Commission's Death Certificate File (death certificates that CPSC buys directly from the states). The population in the United States is available from Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources and an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because processing of death data reported to NCHS and to CPSC through the states takes about three years to complete, we will know whether we have reached our goal for 2004 in 2007.

OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

There are no other federal agencies with specific programs designed to reduce electrocution deaths involving consumer products. There are now, and have been in the past, many supporters of improved electrical safety, including both federal and private organizations. Some of these are:

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|---|---|
| # Army Corps of Engineers | # National Fire Protection Association |
| # Department of Agriculture | # National Institute for Occupational Safety & Health |
| # Department of Health & Human Services | # Occupational Safety and Health Admin. |
| # Department of Housing & Urban Development | # Underwriters Laboratories, Inc. |
| # Department of Veterans Affairs | # U.S. Office of Consumer Affairs |
| # National Electrical Code | # Trade and Industry Associations |
| # National Electrical Safety Foundation | |

The most prominent of the private groups is the National Fire Protection Association (NFPA). This group sponsors the National Electrical Code (NEC) that covers the installation of

electrical shock protection devices. The National Electrical Code in turn is utilized by state and local entities in building codes. Many other federal agencies participate in the NEC including the Occupational Safety and Health Administration of the Department of Labor, Department of Veterans Affairs, Department of Agriculture, and the Army Corps of Engineers. CPSC serves on the NEC Committee and is actively involved in this widely adopted voluntary standard.

CPSC and the Department of Health and Human Services, Food and Drug Administration's Center for Medical Devices and Radiological Health, consult on electrical safety, including shock from medical devices and therapeutic appliances.

The National Electrical Safety Foundation, a private, not-for-profit organization, provides topical materials for consumer and workplace electrical safety. CPSC provides technical input to this foundation on an on-going basis. For example, a home electrical safety checklist was produced by the Foundation for CPSC and is also available from the Consumer Information Center, U.S. General Services Administration.

Underwriters Laboratories Inc. (UL) is a private not-for-profit organization that was formed when electrical products were first introduced. UL develops voluntary electrical safety standards for consumer products that are widely adopted by industry. CPSC regularly proposes upgrades to many UL standards and provides substantiation in the form of injury and death incident data, and technical research for proposed changes.

CPSC also consults with and makes recommendations to the Department of Housing and Urban Development (HUD), Manufactured Housing and Construction Standards Division, on matters of electrical safety related to shock and fire hazards with mobile homes.

REFERENCES

Long, K. *National Estimates of Electrocutions Associated with Consumer Products*.
Washington, D.C.: U.S. Consumer Product Safety Commission, in preparation.

INFORMING THE PUBLIC

STRATEGIC GOAL: Increase in consumer awareness of CPSC safety information from 1997 to the year 2001 through:



Increasing contacts to CPSC's web site by 200 percent.

Increasing the reach of the Commission's publication, the *Consumer Product Safety Review*, by 100 percent.

Maintaining the capability to respond to the high number of Hotline calls for safety information at or above 250,000 per year.

Topics will include consumer product recalls and other safety information consumers can use to protect themselves and their families.

THE PROGRAM

Part of the Commission's mission is to assist consumers in evaluating the comparative safety of consumer products. To accomplish this requires a communication network that educates and informs the public about the safe use of consumer products and product recalls (see box). The network also receives reports about unsafe products, as well as inquiries about product recalls.

CPSC uses a variety of techniques to effectively and economically communicate vital safety information to the public and encourage feedback. The Commission's information system includes Hotline services, Internet services, the National Injury Information Clearinghouse, media programs, publications, consumer information and education programs, and partnership programs.

The CPSC has taken several steps during the past few years to improve its information

CPSC Communication Network

- # Toll Free Hotline Services
- # Internet Services
- # National Injury Information Clearinghouse Services
- # Electronic Media Services
 - Video News Releases for TV
 - Radio Spots
 - Live Appearances on National TV
- # Print Media Services
 - News Releases
 - Safety Alerts
 - Magazine Monthly Columns
- # Consumer Publications
- # The *Consumer Product Safety Review*
- # Information & Education Programs
- # Partnership Programs

exchange with the public. CPSC's Hotline is an especially effective way for the agency to share and receive life-saving information about dangerous products with the public. During the past three years, the number of incoming phone lines was increased from 8 to 48 to handle a rise in the number of calls. Hotline representatives increased from four to seven, including the addition of two bilingual staff (Spanish/English). Also, CPSC identified volunteers agency-wide to respond to callers in a total of 19 languages. During 1995, CPSC received Vice President Al Gore's Reinventing Government "Hammer Award" for improving service to the public through its Hotline.

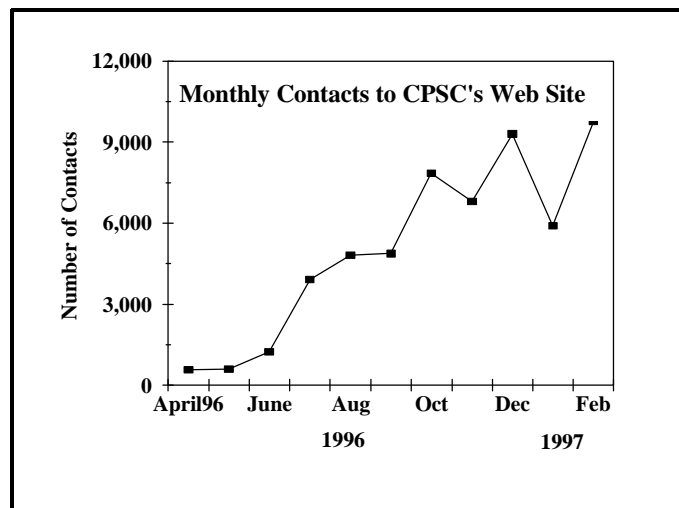
Multiple airings of CPSC's video news releases (VNR) across the nation and appearances on national television are effective, inexpensive ways to swiftly reach millions of consumers with critical safety information. VNRs are press releases sent out in television news format via satellite to television news stations across the country at no charge to the station. Those stations then air the VNRs as part of their news programs. Follow-up information for the televised safety messages is available to those who call the CPSC toll-free Hotline or access the CPSC's Home Page on the Internet. In 1995 alone, more than **282 million television viewers** were exposed to CPSC's vital safety information. The use of television to inform the public has steadily increased since 1994 and is expected to continue to grow.

Partnership programs are used to achieve information and education goals and objectives of both CPSC and outside organizations. Through such programs, information (print and electronic format) is packaged and disseminated to the constituents of each organization. One such partnership program, *Baby Safety Showers*, was developed with assistance from Gerber Products Company. This highly publicized program has been adopted by a number of agencies and organizations across the country to reach millions of parents, grandparents, and other child-care providers on a continuing basis with important safety information.

INCREASING THE INFORMATION EXCHANGE

The CPSC web site was established in April 1996. Among the services available to the public are access to news releases and publications, and a way to report complaints, injuries, and deaths involving consumer products. There has been more than a seventeen-fold increase in the number of monthly contacts at the web site, from about 600 contacts in April 1996 to almost 10,000 contacts in February 1997.

In the summer of 1996, the agency launched CPSC's first professionally-



oriented publication, the *Consumer Product Safety Review (Review)*. This quarterly publication is designed to meet the needs of public health and medical professionals, consumer and health researchers, and consumer product retailers, manufacturers, and lawyers, among others. Each issue includes the latest national injury and death data on selected home and recreational products, the most important and latest recalls of consumer products, and easy-to-use methods for reporting consumer product-related injuries to CPSC's national data collection systems. Each issue also contains case studies of deaths involving consumer products submitted by medical examiners and coroners across the country, information that was previously published in *MECAP News*. As of February 1997, CPSC has about 1,000 paid subscriptions to this publication. The text is also available on the Internet at CPSC's Home Page. As of February 1997, there have been about 6,000 visits to *The Review* on the web since the publication of its first issue.

SETTING THE STRATEGIC GOAL

CPSC set a strategic goal to have a widespread increase in consumer awareness of CPSC safety information by the year 2001, using the most cost effective means possible. CPSC set the strategic goal to: (1) increase the number of contacts at CPSC's web site on the Internet by 200 percent, (2) increase the cumulative number of subscriptions and web site visits for the Commission's publication, the *Consumer Product Safety Review* by 100 percent, and (3) maintain the level of Hotline calls at the substantially increased 1994-1995 level of 250,000 or more calls per year. This presents a balanced approach that reaches consumers at all socio-economic levels, including vulnerable populations.

STRATEGIES

There are a number of effective strategies for increasing consumer awareness of CPSC safety information. They are to:

- # Expand the agency's Internet capabilities to give the media, consumers, and others more options for receiving the agency's comparative safety information from CPSC's web site.
- # Continue promoting CPSC's web site address and the Hotline's telephone number through news releases and general publications.
- # Implement major outreach plans for contacting organizations, such as medical and health care organizations, to publicize the availability of the *Review* by subscription and over the Commission's web site.

- # Publicize the availability of the *Review* through general information publications.
- # Publicize the availability of the *Review* through staff contacts with industry, trade associations, technical groups and standards-setting organizations.
- # Increase partnership programs for the purpose of developing, promoting, and multiplying the dissemination of safety information.
- # Improve management techniques for Hotline operations through new performance-based contracting.
- # Continually evaluate and develop methods to improve the Hotline.

PERFORMANCE MEASURES

The Commission will measure the success of its consumer information efforts in three areas: the number of web site contacts, Hotline calls, and the public's awareness of the Commission's *Consumer Product Safety Review*. (The performance measure for the *Consumer Product Safety Review* will be the cumulative combined total of web site visits and paid subscriptions since February 1997). Tracking systems are currently in place to record this information.

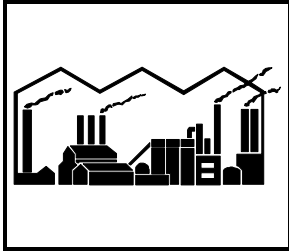
REFERENCES

Web Site Address: www.cpsc.gov

Consumer Product Safety Review, Superintendent of Documents, Pittsburgh, PA 15250.

Hotline Number: 1-800-638-2772 (CPSC)

THE QUALITY OF SERVICES TO INDUSTRY



STRATEGIC GOAL: By the year 2001, attain 80 percent success with the timeliness and usefulness of the Small Business Ombudsman and No Preliminary Determination programs for industry.

THE PROGRAM

The Commission's Compliance program ensures that firms comply with the laws, regulations and standards that protect consumers from hazardous products. Manufacturers, importers, distributors and retailers must report to the Commission if they obtain information that reasonably supports a conclusion that one of their products: (1) fails to comply with a safety standard or banning rule issued under the Consumer Product Safety Act; (2) contains a defect that could create a substantial product hazard; or (3) creates an unreasonable risk of serious injury or death. To help firms comply, Commission staff provides guidance regarding reporting requirements, the applicability of individual regulations, testing requirements and current interpretations. When a violation of a safety standard is found, or if a defective product is identified, CPSC works cooperatively and quickly with industry to obtain correction of the violation or recall of the hazardous product, as appropriate.

REDUCING THE RISK

Recently, the agency initiated two programs to assist industry in complying more quickly with CPSC's regulations: the Small Business Ombudsman and No Preliminary Determination (No PD) programs. With the Small Business Ombudsman program, Commission staff helps small business persons comply more easily with product safety guidelines and manufacture safer products. This program provides firms with a single point of contact that expedites a clearly understandable response from the CPSC technical staff. On the average, the Commission responds to about 90 calls per month since the program began in 1996.

CPSC Services

- # Guidance and Advice
 - Reporting requirements
 - Regulatory requirements
 - Interpretations
 - Applicability of individual regulations
 - Corrective action plans
 - Recall plans
- # Technical Review

With the No PD program, a firm that reports and corrects a problem quickly will not be subject to a preliminary determination that the product represents a substantial risk of injury. Advantages of this program to industry include reductions in paperwork, red tape, and potential legal expenses related to the recall of potentially defective products. The advantages of this program to CPSC include removing hazardous products from consumers' hands more quickly.

SETTING THE STRATEGIC GOAL

CPSC set a strategic goal to attain 80 percent success with the timeliness and usefulness of the Small Business Ombudsman and No PD programs for industry. Because there is no baseline information, the goal was set based on a success level acceptable to the Commission.

STRATEGIES

To achieve quality services to firms reporting to CPSC, staff will maintain and adhere to a list of customer service standards for industry contacts. The standards aim to provide firms with:

- # Courteous service by knowledgeable staff.
- # Responses to written requests for interpretation within a fixed schedule of business days, depending on the level of complexity.
- # Responses to "No PD" reports and other queries within a fixed schedule of business days, depending on the level of complexity.
- # Responses to small businesses who make an inquiry through the Office of the Ombudsman within a fixed schedule of business days, depending on the level of complexity.

PERFORMANCE MEASURES

To assess the satisfaction of small businesses with the Ombudsman program, interviews will be conducted periodically of those small businesses that contacted CPSC during a specified time period. Customer service standards that are better assessed by tracking systems (e.g., "We will respond to your request within 3 business days or notify you of a delay") will have systems in place to determine if staff responded in the specified time period.

To assess the timeliness of the No PD program, in-house tracking systems will assess how quickly: firms provided required information; firms' requests were acknowledged; and technical reviews were completed, as well as the extent of, and reasons for, any delays.

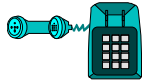
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Corrective Action Handbook: A Guide for Manufacturers, Importers, Distributors and Retailers on Reporting Under Section 15 of the Consumer Product Safety Act and Preparing for, Initiating and Implementing Product Safety Corrective Action Plans. Washington, D.C.: U.S. Consumer Product Safety Commission, October 1988.

Regulated Products Handbook: A Guide for Manufacturers, Importers, Distributors and Retailers on Procedures Relating to the Enforcement of Standards and Regulations Issued Under the Consumer Product Safety Act, the Federal Hazardous Substances Act, the Flammable Fabrics Act and Poison Prevention Packaging Act. Washington, D.C.: U.S. Consumer Product Safety Commission, February 1994.

CONSUMER SATISFACTION WITH CPSC SERVICES

**CPSC's Toll-Free
Hotline Number:
1-800-638-CPSC**



STRATEGIC GOAL: Sustain the high level of consumer satisfaction with the Hotline and Clearinghouse and the states with CPSC's State Partnership Program at 90% or better through the year 2001.

THE PROGRAM

The Commission alerts the public to important safety information through the agency's Hotline, National Injury Information Clearinghouse, and State Partners Program. The Hotline is a toll-free service that allows consumers to report product complaints or product-related injuries, and learn about recalls and safety hazards. The National Injury Information Clearinghouse provides data to the public in response to nearly six thousand requests each year. It also alerts manufacturers to potential hazards associated with their products by providing them with consumer complaints, reported incidents and accident investigations involving their products. The Commission's State Partners Program, using limited CPSC funds and CPSC-developed safety information, brings product safety services to consumers through cooperative programs with state and local governments.

REDUCING THE RISK

The satisfaction of consumers and our State partners with CPSC services is important to the agency. If consumers are satisfied with safety information they receive through the Hotline and Clearinghouse, they will more likely request and use this information to protect themselves and their families. If our State partners are satisfied with CPSC's safety information and response to them, they are more likely to incorporate this safety information into their local ongoing programs, again protecting consumers from product-related

CPSC Services

Hotline

- Report unsafe products
- Report product-related injuries
- Product recall information
- Tips on buying safe products
- Tips on using products safely
- Safety publications

Clearinghouse

- Injury data
- Death data
- In-depth investigations
- Fax-on-demand

State Partners

- Injury and death data
- Product recall advice
- Education materials
- Training
- Speakers
- Exhibit materials

injuries and deaths.

SETTING THE STRATEGIC GOAL

CPSC set a strategic goal to sustain the high level of consumer satisfaction with the Hotline and Clearinghouse and the states with CPSC's State Partnership Program at 90% or better through the year 2001. A recent formal evaluation of these three services showed consumers and partners to be very satisfied with CPSC's services.

STRATEGIES

To sustain the high level of customer satisfaction with the Hotline, Clearinghouse and State Partners Program, staff will maintain and adhere to a list of customer service standards. Consumers, and State partners will be able to:

- # Speak to a knowledgeable and courteous staff person.
- # Receive the most up-to-date safety information.
- # Have a response to a request within a specified time, usually within one to five business days.
- # Receive a return call or have request acknowledged in a specified time, usually within one to two business days.
- # Speak to a CPSC staff member in any of 19 languages.
- # Have a consumer complaint recorded accurately and a copy mailed for verification within two business days.

PERFORMANCE MEASURES

CPSC will rely primarily on two basic types of performance measures to assess the satisfaction of consumers and State partners with CPSC's services and the adherence of CPSC to its customer service standards. Surveys will provide the percent of consumers and State partners satisfied with CPSC services, and in-house tracking systems will provide time-to-respond measures. These surveys may be telephone interviews or mailed questionnaires.

REFERENCES



DESCRIPTION OF HOW THE STRATEGIC GOALS WILL BE ACHIEVED

U.S. CONSUMER PRODUCT SAFETY COMMISSION
STRATEGIC PLAN

This section describes the operational processes the agency will use to achieve its strategic goals and the resource assumptions on which the strategic goals are based. It also outlines the process for communicating goals and objectives throughout the agency and for assigning accountability to managers and staff for achievement of objectives. Note that to accomplish the **INTRODUCTION** programs need to be created, eliminated or restructured and no new legislative changes are required.

The U.S. Consumer Product Safety Commission (CPSC), an independent health and safety regulatory agency, is responsible for protecting the American public from unreasonable risks of injury and death from about 15,000 types of consumer products.¹ CPSC's mission is simple and non-partisan: saving lives and keeping families safe. Unintentional injuries are the leading cause of death for Americans under the age of 35 and are the fifth leading cause of death in the nation. Children under five are most likely to require emergency room treatment and the elderly are most likely to die as a result of product-related injuries. Each year, there are an average of over 21,000 deaths and 29 million injuries associated with consumer products under the Commission's jurisdiction. These injuries and deaths cost the American public over \$200 billion annually.

The agency has accelerated the refinement of these processes in recent years. Recent refinements include an emphasis on teamwork and a reduction in levels of supervision; expansion of data sources; greater reliance on voluntary solutions; strengthening laboratory testing and product evaluation capabilities; innovations in seeking compliance and disseminating guidance and information to industry; and development of a modern information technology infrastructure. Although product-related deaths and injuries remain a significant problem, consumer products are much safer today than in the past. Between 1975 and 1992, the death rate associated with consumer products decreased 32 percent (from 12.4 to 8.4 per 100 thousand population) and the injury rate decreased about 24 percent (from 15.2 to 11.5 per 100 population). Activities aimed at improving these processes are ongoing.

Resources Needed to Accomplish Strategic Goals. For FY 1998, the budget request for the agency is \$45 million with a staff level of 480 Full-Time Equivalents (FTEs) nationwide Commission activities. CPSC uses a variety of tools to reduce the risks of hazardous consumer products. The strategic goals outlined in this document assume that at least equivalent resources or purchasing power will be available for the duration of the six-year strategic plan. These strategic compliance activities, such as recalls of hazardous products and enforcement of existing regulations, research into the causes of injuries and deaths associated with specific products, and agency.

The agency has already downsized considerably. In constant dollars, the 1998 proposed budget has 60 percent less purchasing power than the agency's first budget in 1974 and 3 percent less purchasing power than its 1995 funding. After such significant downsizing, it will be extremely difficult to fund future increases in the costs of doing business, such as salary increases, from internal productivity savings.

Most of the Commission's resources are allocated to professional and technical staff who identify product-related hazards; investigate and act on product safety hazards and violations of safety regulations; provide recommendations to the Commission for decision-making; and inform the public about product safety. After staff and rental costs, less than 20 percent of the agency's annual budget is available for other critical support costs, such as data collection, indepth investigations, independent expert technical evaluations, and travel. The challenge to the Commission is to work within these constraints while maintaining enough flexibility to fulfill its mission of protecting the public.

One particularly critical resource area deserves mention: information technology funding. Funding for information technology is particularly critical because of the agency's need to identify, correct, and evaluate hazards based on data. Modern information technology allows the agency to access more hazard information quicker, saving more lives and reducing injuries. Failure to *maintain* information processing capabilities would weaken current agency operational processes, as well as threaten the ability to achieve the productivity gains necessary to cope with limited funds. Failure to *sustain* progress in information processing, such as development of an integrated hazard database, would forfeit future productivity gains.

Fostering partnerships is also critical because it stretches CPSC's resources and allows the Commission to do more with less. The agency will continue to rely on partnerships with other government agencies and private organizations to achieve its goals. For example, recently CPSC launched a national program of local Baby Safety Showers to help parents learn how to protect their children from injuries and deaths at home. CPSC formed a partnership with Gerber Products Company, which provided funds to print hundreds of thousands of Baby Safety Shower documents. These materials continue to be widely distributed to consumers and organizations, such as local health departments, hospitals and other professional groups.

While partnerships allow us to do some things we could not afford with our limited resources, if the agency's basic funding does not keep pace with price increases or information technology needs, achievement of the strategic goals and objectives may be jeopardized.

Communications. The agency has and will continue to communicate its goals and objectives throughout the agency. In developing the strategic plan, CPSC Planning and Evaluation staff provided briefings and training to Commissioners, managers, and staff after thorough reviews of OMB and GAO guidance on the implementation of the Results Act. The draft strategic plan was made available to all employees in both hard copy and on the agency's web site. The agency will provide all employees, including new employees as they enter on duty, a copy of the final plan, as well as any revisions. With the development of annual budget estimates, the agency will involve staff in the development of annual performance plans and provide copies of the annual plans and reports to everyone at the Commission.

Accountability. The agency's budget review process and staff performance appraisals will be the primary methods for assigning accountability to managers and staff for achievement of objectives. Each year during the budget and operating plan processes, the strategic plan, annual performance plan and budget plan will be linked. The Executive Director of the agency and the agency's budget program directors for Hazard Identification and Reduction (including Hazard Identification), Compliance, and Consumer Information will be responsible for this linkage. Finally, the Commission will stress the achievement of the strategic plan's objectives as an important consideration in the performance appraisals of agency managers.

Treatment of Major Management Problems and High Risk-Areas. CPSC does not have any major documented problems of fraud and mismanagement in its programs and operations. CPSC would address problems of fraud and mismanagement in programs and operations, if they were to arise, through: (1) the Office of Inspector General, responsible for audits, inspections, special reports, and investigations; (2) the Office of the Chairman, responsible for the annual Federal Financial Management Improvement Act (FMFIA) report to the President and Congress; and (3) the Senior Management Council, responsible for internal control reviews and annual letters of assurance. The Commission has no "high-risk areas" and has not been identified as having such high-risk areas by either GAO or OMB. Should any future management

problems arise, CPSC is committed to resolving them through existing agency mechanisms such as the Chairman's FMFIA Report and the Senior Management Council.

RELATIONSHIP BETWEEN GOALS IN THE ANNUAL PERFORMANCE PLAN AND THE STRATEGIC PLAN

In 1999, the Commission will engage in a number of activities across all of the agency's major operations that will achieve progress towards reaching its strategic goals. For each strategic goal, staff will categorize the 1999 projects and activities (e.g., voluntary standards, recalls) and set output goals for the number of activities in each category to be completed by the end of the fiscal year. For some activities, such as recalls and news releases, output goals are characterized as estimates. While these estimates are based on the number and type of hazards identified in the past, the actual number of recalls, news releases, and other outputs in 1999 will vary depending on the safety-related circumstances arising during 1999.

Type, Nature and Scope of the Performance Goals. In 1999, measurable annual goals will be set for the following activities and projects:

- # Rulemaking prepared for Commission consideration;
- # Voluntary standards developed or strengthened;
- # Hazard analyses and data collection activities to identify potential causes of injury;
- # Technical feasibility studies that may result in safer products;
- # Compliance activities including recalls, other corrective actions, and services to industry;
- # Consumer information activities with goals for reaching target audiences through CPSC's web site, *Consumer Product Safety Review*, Hotline, and other activities that alert the public to safety hazards and ways to avoid them; and
- # Customer service standards with targeted levels of effort for the Hotline, Clearinghouse, State Partners program and Compliance.

Three of the five programs in the budget, Hazard Assessment and Reduction, Compliance, and Consumer Information, have 1999 annual goals directly related to the strategic goals. The

remaining two programs, Hazard Identification and Analysis and Agency Management, are necessary to support the other budget programs.

Relationship between the Annual Performance Goals and Strategic Goals. For each results-oriented strategic goal, annual performance goals will be developed for actions and activities that staff believes will help to reduce injuries or deaths. Annual death and injury reduction goals are not appropriate because: (1) there will likely be long time frames before we see the results of Commission actions (e.g., results of a potential new safety standard may not be apparent for many years because consumers may replace the affected product infrequently), (2) there may be a good deal of variation in the year-to-year estimates, particularly for specific products, and (3) the extent of any reduction depends on future Commission decisions. However, the agency will track product-related injuries and deaths each year and examine any reductions in the light of Commission actions.

For customer service/satisfaction strategic goals, on the other hand, some targets have been developed with shorter time frames for which annual goals will be developed. For example, each of the four customer service standards have goals for “timeliness,” and systems are in place to collect this information. These goals will be set each year.

Relevance and Use of Performance Goals in Helping Determine Achievement of the Strategic Goals. Annual performance goals will be set for each selected strategic goal. For results-oriented goals, strategic goals to reduce injuries or deaths were set at the hazard level. Annual goals were set for categories of projects or activities that involve specific products targeted for injury reduction (e.g., cigarette lighters). These projects and activities may include assessing specific product-related hazards to determine potential remedies, addressing specific product-related hazards through safety standards or compliance activities, and warning the public about specific products and hazards through consumer information. For customer service/service quality strategic goals, annual goals are directly related to improving services and maintaining the high customer service levels found in previous surveys.

The annual performance goals will be used to determine the progress toward the achievement of the strategic goals. For CPSC, annual performance goals are conceptually linked to the strategic goals because the projects and activities are those that are expected to lead to

future reductions in injury and death. Also, tracking of hazard area milestones, customer service activities, and “timeliness” targets will identify how important annual goals are being achieved.

PROGRAM EVALUATIONS AND THE STRATEGIC PLAN

Program evaluations used to develop the strategic plan. Evaluations used to develop goals for this strategic plan were based both on statistical analyses of data and staff expertise. Results-oriented goals were based on 10 year trends of injuries and deaths at both the product and hazard levels. Specific goals in each hazard area were set by staff experts who evaluated the potential actions of the Commission and the effect of joint efforts with other organizations and industry. They also made assumptions concerning the outcome of potential technical feasibility studies. Customer service/satisfaction goals were based on information from surveys and tracking systems, as well as staff expertise as to what could be accomplished in a given time span. Only one goal, the level of success with the timeliness and usefulness of the Small Business Ombudsman and No Preliminary Determination programs for industry, was developed without baseline information. It was set at a high but practical level that was acceptable to the Commission.

Future program evaluations. Results-oriented goals will have two types of evaluations: yearly tracking of injuries and deaths at the hazard level and evaluations of injury and death reductions associated with specific products at appropriate time intervals. The timing for evaluating injury and death reductions depends, in part, on how long consumers keep specific products. For example, some products, particularly inexpensive ones, have a short product-life; the effect of Commission actions to improve replacement products can be evaluated more quickly. Other products have a much longer product-life. Evaluations of injury or death reductions, in these cases, would appropriately be conducted when consumers are expected to have replaced a substantial proportion of older products with safer products. Estimates of this product replacement are derived from the agency’s Product-Life Model. Customer service/customer satisfaction goals also will have two types of evaluations: (1) tracking of customer service standards and activities and (2) assessments of consumers and industry. Tracking will be evaluated annually, while assessments are planned to be implemented on a cycle of every three years, starting in 1999. A schedule of future evaluations is provided in Table 1.

Table 1
Schedule of Evaluations

Strategic Goals	Issues	General Scope	Procedures	
			Method	Time
Hazards Child Head Injuries PPPA Fire Carbon Monoxide Electrocutions	Reduce or prevent an increase in the rate of injury or death	National estimates of injuries or deaths	1. Hazard Surveillance (NEISS, NFIRS, NCHS) ¹ 2. Evaluation of specific products - tracking before/ after studies.	1. Annually 2. As appropriate
Informing the Public Web Site Consumer Product Safety Review Hotline	1. Increased use by the public of Web Site, and the Review; 2. Maintain use of the Hotline	Population of users	Computer tracking and subscription information	Annually
Customer/Industry Services Hotline Clearinghouse State Partners Industry	1. Timeliness standards met 2. Satisfaction with CPSC's services	1. Population of users 2. Random sample of users	1. Logs 2. Interviews; mail surveys	1. Annually 2. Every 3 years

¹National Electronic Injury Surveillance System (NEISS), National Fire Incident Reporting System (NFIRS), National Center for Health Statistics (NCHS).

KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic planning period that could influence the achievement of CPSC's results-oriented safety goals. This section identifies several key factors and describes how they might significantly affect the long term goals to reduce consumer product-related deaths and injuries.

Critical Emerging Hazards. CPSC may have to modify strategic targets in the future to deal with unforeseen emerging hazards. Because CPSC's budget and staff were cut significantly during the 1980s and have remained at that low level in the 1990s, the agency's

resources are thinner than they should be to deal with the wide range of issues it faces. When it needs to respond quickly to address unforeseen risks and hazards, it often must shift staff and resources from planned work. For example, in 1994, CPSC quickly obtained recalls of more than 250,000 dangerously flammable skirts that did not meet CPSC flammability rules and, in fact, burned faster than newspaper. This hazard resulted in a four-week delay of other work because of the extensive testing and country-of-origin notice requirements necessary for the recall. While a four-week delay would most likely be absorbed over the life of the strategic plan, several such efforts in a single year could have a significant impact on the achievement of one or more strategic goals. Other critical unforeseen situations that may occur during the life of the strategic plan, such as the exponential increase in All Terrain Vehicle injuries and deaths during the 1980s, could affect the agency's resources to such an extent that substantial resources will have to be diverted over several years.

Changes in Consumer Behavior. Economic conditions could change consumers' use patterns with consumer products. For example, the energy crisis in the 1970's and subsequent fossil fuel shortages, led consumers to use alternative heating systems. The increased sale of coal and wood burning appliances resulted in increases in fires and fire deaths with these products. Chain saw injuries and deaths increased dramatically as more and more consumers cut their own wood for heating purposes. Similar events could result in modifications to CPSC's safety goals.

Access to Data From Other Agencies. The ability to quantify injury, death, or other loss-related reductions is dependent on several databases maintained by other agencies and organizations. For example, the Bureau of Census provides data regarding the size of various vulnerable groups of people, such as children, that staff use to estimate risk ratios. Data collection costs could increase substantially and may necessitate delaying some projects if: (1) data from other agencies were not available in the future, perhaps due to budget cuts, necessitating the development of alternative data sources, (2) agencies began charging or substantially increased the cost of their data, and (3) the scope of the information to be collected was expanded to include data sources not presently utilized.

Other External Events. Actions by Congress, other agencies, the private sector, and petitions from outside interested parties could cause changes in CPSC's strategic objectives. In

the past, Congress has enacted legislation directing CPSC to work, or to avoid working, in

specified areas. Such mandated shifts in resources could affect goal achievement either negatively, if there were shifts from work-in-progress, or positively, if additional focus was given to a strategic goal area.

SUMMARY

CPSC's primary mission is to reduce unreasonable risks of injury and death from consumer products. In the agency's first strategic plan under the Government Performance and Results Act, CPSC set goals to: reduce the estimated 800,000 annual product-related head injuries to children under 15 years old; prevent any increase in the low number of unintentional poisoning deaths to children under 5 years old from hazardous household chemicals and drugs; reduce deaths from residential fires that claim up to 3,700 lives each year; reduce CO poisoning deaths, many of which involve gas-fueled heating appliances; and reduce deaths from electrocutions caused by such products as house wiring, power tools, and small appliances.

Along with its primary mission, CPSC's is also charged with alerting the public to important safety information to assist it in evaluating the comparative safety of consumer products. To this end, strategic goals were set to increase the public's access to safety alerts, recalls, press releases and publications through increased contacts with CPSC's web site, and *Consumer Product Safety Review* publication, while maintaining the capability to respond to 250,000 or more Hotline calls. Finally, strategic goals were set to maintain the already high levels of customer satisfaction with CPSC's Hotline, Clearinghouse, and State Partners program, as well as setting a goal for a specific level of success with the timeliness and usefulness of CPSC's services to industry. These strategic goals have timelines ranging from 5 years for consumer information (service quality) and customer satisfaction goals, to 10 years for injury reduction goals.

The strategic goals were set at the agency level. CPSC will measure its effectiveness in accomplishing the strategic goals by combining results of activities across three core budget programs. For example, to measure agency effectiveness in reaching its injury reduction goals, the total number of lives saved or injuries prevented will be assessed based on a combination of hazard

projects in the Hazard Assessment and Reduction Program, corrective actions in the Compliance Program, and information and education activities in the Consumer Information Program.

The strategic plan will be used to set the direction of the agency and allocate the bulk of CPSC's resources over the next six years. Annual performance goals will be linked to the strategic goals through projects and activities that are expected to lead to future injury reductions, service improvements and customer satisfaction. Most importantly, the agency will continue to fulfill its mission of saving lives and keeping families safe from hazardous products.

Appendix A

Summary of CPSC Statutes

When Congress created CPSC through the Consumer Product Safety Act ("CPSA"), it transferred to CPSC the authority to administer several other statutes. The agency oversees five statutes in all and has issued regulations under most of them.

CPSA, 15 U.S.C. §§ 2051-2084. This is CPSC's umbrella statute. It established the agency, defines its basic authority, and provides that when the CPSC finds an unreasonable risk of injury associated with a consumer product it can develop a standard to reduce or eliminate the risk. The CPSA also provides the authority to ban a product if there is no feasible standard, and it gives CPSC authority to pursue corrective actions and recalls for products that present a substantial product hazard. (Generally excluded from CPSA are food, drugs, cosmetics, medical devices, tobacco products, firearms and ammunition, motor vehicles, pesticides, aircraft, and boats.)

FHSA, 15 U.S.C. §§ 1261-1277. The Federal Hazardous Substances Act ("FHSA") applies to hazardous household substances and requires that such substances be labeled as provided in the statute. This is the principal statute under which CPSC regulates children's products. The Commission can determine by regulation that a toy or children's article that presents an electrical, mechanical, or thermal hazard is a hazardous substance. The statute itself provides that a toy or children's article that is or contains a hazardous substance is automatically banned. This is the authority behind the prohibition against small parts on toys intended for children under 3 years of age. The Commission can issue regulations to ban other household hazardous substances if it finds that labeling would be inadequate to protect the public health and safety.

The Labeling of Hazardous Art Materials Act ("LHAMA"), 15 U.S.C. § 1277, is a 1988 amendment to the FHSA. It requires that producers or repackagers of art materials submit the product's formulation to a toxicologist who will determine if the art material presents any chronic health hazards. If so, the art material must be labeled in accordance with a standard mandated by Congress. The producer or repackager must submit to CPSC the criteria used to determine chronic toxicity and a list of those products that require chronic hazard labeling. All art

materials must display a conformance label indicating that they have been reviewed by a toxicologist.

The Child Safety Protection Act ("CSPA"), Pub. L. No. 103-267 (June 17, 1994), enacted in 1994 contains essentially three parts. First, it amended the FHSA to add labeling requirements for certain toys or games, balls, balloons, and marbles warning purchasers that these items present a choking hazard to young children (effective January 1, 1995). Second, it requires manufacturers, distributors, retailers and importers of these items to report to CPSC when they learn of certain choking incidents involving these products. Finally, the act requires CPSC to review existing voluntary standards for bicycle helmets and develop a CPSC safety standard. Between March 17, 1995 and the time CPSC issues its final standard, bicycle helmets must conform to certain voluntary standards specified in the act.

PPPA, 15 U.S.C. §§ 1471-1476. The Poison Prevention Packaging Act ("PPPA") authorizes CPSC to issue requirements for special packaging (child-resistant packaging) for food, drugs, cosmetics, and hazardous household substances. The statute provides for exemptions in certain circumstances.

FFA, 15 U.S.C. §§ 1191-1204. The Flammable Fabrics Act ("FFA") authorizes CPSC to issue standards for fabrics, related materials and products when standards are necessary to protect the public against the unreasonable risk of fire leading to death, personal injury or significant property damage. Examples of standards include the children's sleepwear standard and the standard for flammability of mattresses and mattress pads.

RSA, 15 U.S.C. §§ 1211-1214. The Refrigerator Safety Act ("RSA") dates from 1956. It directed the Department of Commerce to issue a regulation requiring refrigerator doors be opened easily from the inside. Administration of the statute and regulation were transferred to CPSC in 1973.

Appendix B

Task Force Members

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Appendix C

Criteria For Selecting Strategic Goals

The weights rank the importance and order of the criteria for the selection of strategic goals. Higher weights are associated with more important criteria.

Weight Criteria

- | | |
|---|---|
| 3 | Measurement of Performance: Within this criterion, higher priority will be given to strategic goals where baseline information is available and reductions in injuries and deaths can be measured. |
| 2 | Frequency of Injuries: Within this criterion, higher priority will be given to strategic goals that address higher numbers of injuries and deaths. |
| 2 | Severity of Injuries: Within this criterion, higher priority will be given to strategic goals that address more severe injuries (such as disabling injuries and deaths versus abrasions). |
| 2 | Addressability: Within this criterion, higher priority will be given to strategic goals where injury reduction for the product hazard can be addressed through standard-setting, information and education, or other Commission action. Assuming other factors to be equal, a higher priority for goal selection will be assigned to those hazards that can be addressed using fewer Commission resources. |
| 2 | Cost/Benefits: Within this criterion, higher priority will be given to strategic goals with the largest benefits after consideration of costs to consumers and producers. The cost/benefit analysis will include the probability of exposure of consumers to the hazard. |
| 1 | Vulnerability of the Population at Risk: Assuming other factors are equal, within this criterion a higher priority will be placed on strategic goals that seek to prevent product-related injury to children, the disabled and the elderly. |
| 1 | Time to Achieve Goal: Assuming other factors are equal, within this criterion higher priority will be given to strategic goals where reductions in product-related injuries and deaths can be accomplished more quickly. |

Appendix D

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